



DIVISION OF PUBLIC SAFETY
DIVISION OF FIRE
COLUMBUS, OHIO

REQUESTED INSPECTION FORM

PROVIDER INFORMATION			
Name:			
Address:			
City:	State: OH	Zip:	
Home Ph#:	Work #:	Cell #	
Contact Person(s):			
Additional Phone Numbers: Fax:			
ADDITIONAL INFORMATION			
REQUESTED INSPECTION TYPE			
DC-Daycare	GH-Group Home	Other	
DC-Center:\$150 <input type="checkbox"/>	GH- 5 or less \$100 <input type="checkbox"/>	Institution:\$100 <input type="checkbox"/> Adoption \$100 <input type="checkbox"/>	
DC-Home:\$125 <input type="checkbox"/>	GH- 6 or more \$100 <input type="checkbox"/>	Business:\$100 <input type="checkbox"/> Foster Care \$100 <input type="checkbox"/>	
PAYMENT INFORMATION			
<p>The requested inspection will be performed at _____</p> <p>as per the Columbus Fire Code, Section 2502.12. The fee for inspections are: \$150 Daycare Centers;\$125 Home Daycares;\$100 for All other inspections. The fee MUST be paid before the Fire Prevention Bureau will perform the service. The fee may be paid in person, or by mail to :</p> <p style="text-align: center;">Columbus Division of Fire Fire Prevention Bureau – Room 148 3639 Parsons Ave Columbus, OH 43207</p> <p>Make check or money order payable to COLUMBUS CITY TREASURER/FIRE. This form MUST accompany payment. <u>CASH and CREDIT CARDS ARE NOT ACCEPTED.</u></p> <p>APPLICATIONS AND PAYMENTS WILL EXPIRE 180 DAYS AFTER RECEIPT. Please complete your inspection within the 180 days. Any questions contact the Fire Prevention Bureau at 645-7641, ext. 75607 or fax to 645-6637.</p>			
OFFICE USE ONLY			
PROJECT NO:		Date requested:	
Date Paid:		Date assigned:	
Assigned to:		Agency:	
INSPECTION SECTION			
SCHEDULED:		RESCHEDULED:	
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved:	
<input type="checkbox"/> Detector Certification Signed		<input type="checkbox"/> Will call when ready	
Comments:			